

**Fill in this information to identify the case:**

Debtor name **ARTISANAL FROMAGERIE & BISTRO LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) **16-12337**

☐ Check if this is an amended filing

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 26, 2016**

**X /s/ SARID DRORY**

Signature of individual signing on behalf of debtor

**SARID DRORY**

Printed name

**MANAGING MEMBER**

Position or relationship to debtor

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Debtor name **ARTISANAL FROMAGERIE & BISTRO LLC**  
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**  
 Case number (if known): **16-12337**

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**Official Form 204**
**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**
12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
A&L CESSPOOL SERVICE CORP. 38-40 REVIEW AVENUE Long Island City, NY 11101						\$8,727.42
ARROGANT BLOOM 1887 AMSTERDAM AVE., STE.# 5-A ATTN: GEORGE BAKALIS New York, NY 10032						\$7,500.00
CON EDISON STEAM JAF STATION P.O. BOX 1701 New York, NY 10116-1701						\$36,000.00
FOSTER & WOLKIND PC 80 FIFTH AVENUE SUITE 1401 New York, NY 10011						\$75,000.00
HERRICK FEINSTEIN LLP 2 PARK AVENUE New York, NY 10016						\$74,000.00
HRI CONSULTING GROUP 378 WILLIS AVENUE Mineola, NY 11501						\$8,000.00
JOHN S. MARKET 25-20 50TH AVENUE 1ST FL. Long Island City, NY 11101						\$11,611.94

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Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
KNOT 11106 MOCKINGBIRD DRIVE Omaha, NE 68137						\$6,130.00
MEAT & FISH PO BOX 36383 Charlotte, NC 28236-6383						\$7,478.70
METROPOLITAN ELEVATOR 66 RAMAPO VALLEY ROAD Mahwah, NJ 07430			Disputed			\$9,219.65
MONEYWORKS 120 WEST 45TH STREET SUITE 1000B New York, NY 10036						\$280,000.00
MORENA ORUE C/O FITAPELLI & SCHAFFER LLP 28 LIBERTY STREET, 30TH FLOOR New York, NY 10005		SETTLEMENT OF WAGE-HOUR LAWSUIT				\$151,225.00
NEW YORK STATE DEPT. OF FIN. ATTN: BANKRUPTCY SPECIAL PROC PO BOX 5300 Albany, NY 12205			Disputed			\$811,146.64
OGLETREE DEAKINS 1745 BROADWAY 22ND FL. New York, NY 10019						\$50,000.00
PAY O MATIC LOSS PREVENTION DEPT. 166-30 JAMAICA AVE., 2ND FL. Jamaica, NY 11432						\$6,000.00
PEPSI COLA BOTTLING LOCKBOX #741076 Atlanta, GA 30374-1076						\$5,512.00
PLS 800 JORIE BOULEVARD Oak Brook, IL 60523						\$7,271.16

Debtor **ARTISANAL FROMAGERIE & BISTRO LLC**  
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Case number (if known) **16-12337**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
PPF OFF TWO PARK AVENUE OWNER 2 PARK AVENUE New York, NY 10016			Disputed			\$2,000,000.00
SHARMA LAW C/O RAVI SHARMA, P.C. 215 PARK AVE. SOUTH, STE. 1402 New York, NY 10003						\$8,500.00
STEPHANIE SCHULMAN 240 PARK AVENUE SOUTH 2D New York, NY 10003						\$2,500,000.00

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**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>1,256,457.62</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>1,256,457.62</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>44,149.10</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>811,146.64</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>5,285,583.08</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>6,140,878.82</b>

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12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of  
debtor's interest**  
**\$11,000.00****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account  
number3.1. **CITIBANK, N.A.****CHECKING****2694****\$0.00**3.2. **CITIBANK, N.A.****CHECKING****2707****\$0.00**3.3. **CITIBANK, N.A.****CHECKING****2723****\$0.00**3.4. **CITIBANK, N.A.****CHECKING****2731****\$0.00**3.5. **CITIBANK, N.A.****CHECKING****9615****\$0.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.****\$11,000.00**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Debtor ARTISANAL FROMAGERIE & BISTRO LLC  
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**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.  
☐ Yes Fill in the information below.

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials PERISHABLES		\$6,700.00		\$6,700.00
	LIQUOR		\$10,000.00		\$10,000.00

20. Work in progress

21. Finished goods, including goods held for resale

22. Other inventory or supplies

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$16,700.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No  
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 2

Debtor ARTISANAL FROMAGERIE & BISTRO LLC  
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- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture <b>FURNITURE, FIXTURES AND EQUIPMENT (SUBJECT TO APPRAISAL)</b>	<b>\$1,200,000.00</b>		<b>\$1,200,000.00</b>

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**  
Add lines 39 through 42. Copy the total to line 86.

**\$1,200,000.00**

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**



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**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of  
debtor's interest

**71. Notes receivable**

Description (include name of obligor)

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

**73. Interests in insurance policies or annuities**

**INSURANCE CLAIM FOR DAMAGED WINE**

**\$28,757.62**

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

**75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

**76. Trusts, equitable or future interests in property**

**77. Other property of any kind not already listed** *Examples: Season tickets, country club membership*

**78. Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$28,757.62**

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$11,000.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$16,700.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$1,200,000.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u>\$28,757.62</u>	
	+	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$1,256,457.62</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$1,256,457.62</u>

**Fill in this information to identify the case:**

Debtor name **ARTISANAL FROMAGERIE & BISTRO LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) **16-12337**

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>I.M.P. PLUMBING &amp; HEATING CORP</b> <small>Creditor's Name</small> <b>412 EIGHTH AVENUE</b> <b>7TH FLOOR</b> <b>New York, NY 10001</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b>  <b>Describe the lien</b> <b>MECHANIC'S LIEN</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$4,149.10</b>	<b>\$0.00</b>

2.2	<b>WELLS FARGO</b> <small>Creditor's Name</small> <b>FOSTER &amp; WOLKIND PC</b> <b>80 FIFTH AVENUE, SUITE 1401</b> <b>New York, NY 10011</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>	<b>Describe debtor's property that is subject to a lien</b> <b>COPY MACHINE</b>  <b>Describe the lien</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply	<b>\$40,000.00</b>	<b>Unknown</b>
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- ☒ No
- ☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$44,149.10

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
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**Fill in this information to identify the case:**Debtor name **ARTISANAL FROMAGERIE & BISTRO LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**Case number (if known) **16-12337**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>INTERNAL REVENUE SERVICE PO BOX 7346 Philadelphia, PA 19114</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>FOR NOTICE PURPOSES ONLY</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>NEW YORK STATE DEPT. OF FIN. ATTN: BANKRUPTCY SPECIAL PROC PO BOX 5300 Albany, NY 12205</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$811,146.64</b>	<b>\$811,146.64</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **ARTISANAL FROMAGERIE & BISTRO LLC**  
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**16-12337**

2.3 Priority creditor's name and mailing address  
**NYC DEPT. OF FINANCE  
345 ADAMS STREET, 3RD FL.  
ATTN: LEGAL AFFAIRS  
Brooklyn, NY 11201**

As of the petition filing date, the claim is:  
*Check all that apply.*  
☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Unknown Unknown**

Date or dates debt was incurred

Basis for the claim:  
**FOR NOTICE PURPOSES ONLY**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (8)

☒ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1 Nonpriority creditor's name and mailing address  
**A&L CESSPOOL SERVICE CORP.  
38-40 REVIEW AVENUE  
Long Island City, NY 11101**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**Amount of claim**

**\$8,727.42**

3.2 Nonpriority creditor's name and mailing address  
**ARROGANT BLOOM  
1887 AMSTERDAM AVE., STE.# 5-A  
ATTN: GEORGE BAKALIS  
New York, NY 10032**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$7,500.00**

3.3 Nonpriority creditor's name and mailing address  
**AVAYA  
10201 CENTURION PKWY, N  
STE 100, ATTN: BANKRUPTCY MGMT  
Jacksonville, FL 32256**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,096.36**

3.4 Nonpriority creditor's name and mailing address  
**BELKIN BURDEN WENIG &  
GOLDMAN, LLP  
270 MADISON AVENUE  
New York, NY 10016**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$1,544.25**

3.5 Nonpriority creditor's name and mailing address  
**CON EDISON GAS  
JAF STATION  
P.O. BOX 1702  
New York, NY 10116-1702**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_

Is the claim subject to offset? ☒ No ☐ Yes

**\$2,442.93**

3.6	Nonpriority creditor's name and mailing address <b>CON EDISON STEAM JAF STATION P.O. BOX 1701 New York, NY 10116-1701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,000.00</b>
3.7	Nonpriority creditor's name and mailing address <b>DELL COMPUTER PAYMENT PROCESSING CENTER P.O. BOX 5292 Carol Stream, IL 60197-5292</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,374.24</b>
3.8	Nonpriority creditor's name and mailing address <b>DINOVA, LLC 6455 EAST JOHNS CROSSING STE. 220 Duluth, GA 30097</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b><u>ACTION TO RECOVER GOODS SOLD</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,833.29</b>
3.9	Nonpriority creditor's name and mailing address <b>FOSTER &amp; WOLKIND PC 80 FIFTH AVENUE SUITE 1401 New York, NY 10011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75,000.00</b>
3.10	Nonpriority creditor's name and mailing address <b>HERRICK FEINSTEIN LLP 2 PARK AVENUE New York, NY 10016</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$74,000.00</b>
3.11	Nonpriority creditor's name and mailing address <b>HRI CONSULTING GROUP 378 WILLIS AVENUE Mineola, NY 11501</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,000.00</b>
3.12	Nonpriority creditor's name and mailing address <b>J.B. PRICE COMPANY, INC. 36 E 31ST STREET New York, NY 10016</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b><u>ACTION TO RECOVER GOODS SOLD</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,510.64</b>

Debtor **ARTISANAL FROMAGERIE & BISTRO LLC**  
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3.13	Nonpriority creditor's name and mailing address <b>JOHN S. MARKET</b> <b>25-20 50TH AVENUE</b> <b>1ST FL.</b> <b>Long Island City, NY 11101</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,611.94</b>
3.14	Nonpriority creditor's name and mailing address <b>KNOT</b> <b>11106 MOCKINGBIRD DRIVE</b> <b>Omaha, NE 68137</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,130.00</b>
3.15	Nonpriority creditor's name and mailing address <b>MEAT &amp; FISH</b> <b>PO BOX 36383</b> <b>Charlotte, NC 28236-6383</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,478.70</b>
3.16	Nonpriority creditor's name and mailing address <b>METROPOLITAN ELEVATOR</b> <b>66 RAMAPO VALLEY ROAD</b> <b>Mahwah, NJ 07430</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,219.65</b>
3.17	Nonpriority creditor's name and mailing address <b>MICROS RETAIL SYSTEMS, INC.</b> <b>1200 HARBOR BLVD. 10TH FL</b> <b>Weehawken, NJ 07086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,727.03</b>
3.18	Nonpriority creditor's name and mailing address <b>MONEYWORKS</b> <b>120 WEST 45TH STREET</b> <b>SUITE 1000B</b> <b>New York, NY 10036</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$280,000.00</b>
3.19	Nonpriority creditor's name and mailing address <b>MORENA ORUE</b> <b>C/O FITAPELLI &amp; SCHAFER LLP</b> <b>28 LIBERTY STREET, 30TH FLOOR</b> <b>New York, NY 10005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>SETTLEMENT OF WAGE-HOUR LAWSUIT</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151,225.00</b>



3.20	Nonpriority creditor's name and mailing address <b>N.Y. COMMUNITY FINANCIAL, LLC C/O VOLAKOS LAW FIRM 120 BAY RIDGE AVENUE Brooklyn, NY 11220</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,247.70</b>
3.21	Nonpriority creditor's name and mailing address <b>OGLETREE DEAKINS 1745 BROADWAY 22ND FL. New York, NY 10019</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50,000.00</b>
3.22	Nonpriority creditor's name and mailing address <b>PAY O MATIC LOSS PREVENTION DEPT. 166-30 JAMAICA AVE., 2ND FL. Jamaica, NY 11432</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,000.00</b>
3.23	Nonpriority creditor's name and mailing address <b>PEACE OF MIND PEST CONTROL 142 BAY 44TH STREET Brooklyn, NY 11214</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,286.30</b>
3.24	Nonpriority creditor's name and mailing address <b>PEPSI COLA BOTTLING LOCKBOX #741076 Atlanta, GA 30374-1076</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,512.00</b>
3.25	Nonpriority creditor's name and mailing address <b>PLS 800 JORIE BOULEVARD Oak Brook, IL 60523</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,271.16</b>
3.26	Nonpriority creditor's name and mailing address <b>PPF OFF TWO PARK AVENUE OWNER 2 PARK AVENUE New York, NY 10016</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000,000.00</b>

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3.27	Nonpriority creditor's name and mailing address <b>SATUR FARM</b> <b>3705 ALVAH'S LANE</b> <b>Cutchogue, NY 11935</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$534.00</b>
3.28	Nonpriority creditor's name and mailing address <b>SHARMA LAW</b> <b>C/O RAVI SHARMA, P.C.</b> <b>215 PARK AVE. SOUTH, STE. 1402</b> <b>New York, NY 10003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,500.00</b>
3.29	Nonpriority creditor's name and mailing address <b>STEPHANIE SCHULMAN</b> <b>240 PARK AVENUE SOUTH</b> <b>2D</b> <b>New York, NY 10003</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,500,000.00</b>
3.30	Nonpriority creditor's name and mailing address <b>TIME PAYMENT CORP.</b> <b>16 NEW ENG. EXECUTIVE PARK</b> <b>#200</b> <b>Burlington, MA 01803</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,026.00</b>
3.31	Nonpriority creditor's name and mailing address <b>TIME WARNER - INTERNET</b> <b>41- 61 KISSENA BLVD</b> <b>Flushing, NY 11355-3189</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$364.94</b>
3.32	Nonpriority creditor's name and mailing address <b>TIME WARNER - TELEPHONE</b> <b>2551 DULLES VIEW DRIVE</b> <b>Herndon, VA 20171</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.33	Nonpriority creditor's name and mailing address <b>UNITED BURGLAR ALARM, INC. DBA</b> <b>UNITED PROTECTIVE ALARM SYSTEM</b> <b>205 WEST HOUSTON STREET</b> <b>New York, NY 10014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,419.53</b>

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<b>3.34</b>	<b>Nonpriority creditor's name and mailing address</b> <b>US FOOD</b> <b>PO BOX 641871</b> <b>Pittsburgh, PA 15264-1871</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
<b>3.35</b>	<b>Nonpriority creditor's name and mailing address</b> <b>VERIZON - TELEPHONE</b> <b>P.O. BOX 15124</b> <b>Albany, NY 12212-5124</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
<b>3.36</b>	<b>Nonpriority creditor's name and mailing address</b> <b>WILD EDIBLES, INC.</b> <b>40 BARRY STREET</b> <b>Bronx, NY 10474</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,000.00</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>ALEJANDRO RUIZ</b> <b>C/O FITAPELLI &amp; SCHAFER LLP</b> <b>28 LIBERTY STREET, 30TH FLOOR</b> <b>New York, NY 10005</b>	Line <b>3.19</b> <input type="checkbox"/> Not listed. Explain ____	—
4.2	<b>ALFONSO VICARIO ESPINOZA</b> <b>C/O FITAPELLI &amp; SCHAFER LLP</b> <b>28 LIBERTY STREET, 30TH FLOOR</b> <b>New York, NY 10005</b>	Line <b>3.19</b> <input type="checkbox"/> Not listed. Explain ____	—
4.3	<b>ANGEL ACOSTA</b> <b>C/O FITAPELLI &amp; SCHAFER LLP</b> <b>28 LIBERTY STREET, 30TH FLOOR</b> <b>New York, NY 10005</b>	Line <b>3.19</b> <input type="checkbox"/> Not listed. Explain ____	—
4.4	<b>ANGEL GUAMAN</b> <b>C/O FITAPELLI &amp; SCHAFER LLP</b> <b>28 LIBERTY STREET, 30TH FLOOR</b> <b>New York, NY 10005</b>	Line <b>3.19</b> <input type="checkbox"/> Not listed. Explain ____	—
4.5	<b>CORP. COUNSEL FOR NYC</b> <b>100 CHURCH STREET</b> <b>New York, NY 10007</b>	Line <b>2.3</b> <input type="checkbox"/> Not listed. Explain ____	—
4.6	<b>DEBRAGGA &amp; SPITLER INC.</b> <b>65-77 AMITY STREET</b> <b>Jersey City, NJ 07304</b>	Line <b>3.16</b> <input type="checkbox"/> Not listed. Explain ____	—

Debtor **ARTISANAL FROMAGERIE & BISTRO LLC**

Name

Case number (if known) **16-12337**

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	<b>FAUSTO GUAMAN</b> <b>C/O FITAPELLI &amp; SCHAFFER LLP</b> <b>28 LIBERTY STREET, 30TH FLOOR</b> <b>New York, NY 10005</b>	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>GLENN SALAZAR VARGAS</b> <b>C/O FITAPELLI &amp; SCHAFFER LLP</b> <b>28 LIBERTY STREET, 30TH FLOOR</b> <b>New York, NY 10005</b>	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	<b>JING XIA HUANG</b> <b>C/O FITAPELLI &amp; SCHAFFER LLP</b> <b>28 LIBERTY STREET, 30TH FLOOR</b> <b>New York, NY 10005</b>	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	<b>KELVIN EDDY LOPEZ</b> <b>C/O FITAPELLI &amp; SCHAFFER LLP</b> <b>28 LIBERTY STREET, 30TH FLOOR</b> <b>New York, NY 10005</b>	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	<b>KIRSCHENBAUM &amp; KIRSCHENBAUM</b> <b>200 GARDEN CITY</b> <b>SUITE 500</b> <b>Garden City, NY 11530</b>	Line <u>3.33</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	<b>LAZARO AMEL</b> <b>C/O FITAPELLI &amp; SCHAFFER LLP</b> <b>28 LIBERTY STREET, 30TH FLOOR</b> <b>New York, NY 10005</b>	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13	<b>MEYERS, SAXON &amp; COLE</b> <b>3620 QUENTIN ROAD</b> <b>Brooklyn, NY 11234</b>	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14	<b>MEYERS, SAXON &amp; COLE</b> <b>3620 QUENTIN ROAD</b> <b>Brooklyn, NY 11234</b>	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	—
4.15	<b>OFFICE OF THE ATTORNEY GENERAL</b> <b>THE CAPITOL</b> <b>Albany, NY 12224</b>	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16	<b>PLAZTER, SWERGOLD, LEVINE,</b> <b>GOLDBERG, KATZ &amp; JASLOW, LLP</b> <b>475 PARK AVENUE SOUTH</b> <b>New York, NY 10016</b>	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17	<b>TRINIDAD ROMANO</b> <b>C/O FITAPELLI &amp; SCHAFFER LLP</b> <b>28 LIBERTY STREET, 30TH FLOOR</b> <b>New York, NY 10005</b>	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18	<b>US ATTY OFFICE -SDNY</b> <b>86 CHAMBERS STREET</b> <b>ATTN: TAX AND BANKRUPTCY</b> <b>New York, NY 10007</b>	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor ARTISANAL FROMAGERIE & BISTRO LLC  
Name

Case number (if known) 16-12337

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.19 **VICENTE AMADOR REYES**  
**C/O FITAPELLI & SCHAFFER LLP**  
**28 LIBERTY STREET, 30TH FLOOR**  
**New York, NY 10005**

Line 3.19

—

☐ Not listed. Explain \_\_\_\_\_

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ 811,146.64

5b. + \$ 5,285,583.08

5c. \$ 6,096,729.72

Fill in this information to identify the case:

Debtor name **ARTISANAL FROMAGERIE & BISTRO LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) **16-12337**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **TELEPHONE**

State the term remaining

List the contract number of any government contract

**AVAYA  
10201 CENTURION PKWY, N  
STE 100, ATTN: BANKRUPTCY MGMT  
Jacksonville, FL 32256**

2.2. State what the contract or lease is for and the nature of the debtor's interest **MICROS POS**

State the term remaining

List the contract number of any government contract

**TIMEPAYMENT  
16 NORTH EAST EXECUTIVE PARK  
#200  
Burlington, MA 01803**

2.3. State what the contract or lease is for and the nature of the debtor's interest **COPIER**

State the term remaining

List the contract number of any government contract

**WELLS FARGO  
FOSTER & WOLKIND PC  
80 FIFTH AVE., SUITE 1401  
New York, NY 10011**

**Fill in this information to identify the case:**Debtor name **ARTISANAL FROMAGERIE & BISTRO LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**Case number (if known) **16-12337**☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**Debtor name **ARTISANAL FROMAGERIE & BISTRO LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**Case number (if known) **16-12337**☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/16**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2016** to **Filing Date****Sources of revenue**  
Check all that apply☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**  
(before deductions and exclusions)**\$4,074,378.03****For prior year:**From **1/01/2015** to **12/31/2015**☒ Operating a business☐ Other \_\_\_\_\_**\$6,500,000.00****For year before that:**From **1/01/2014** to **12/31/2014**☒ Operating a business☐ Other \_\_\_\_\_**\$7,000,000.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**  
*Check all that apply***4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed



or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	ORUE ET AL. V. ARTISANAL FROMAGERIE & BISTRO, ET AL. 15 CIV 5727 (KPF)	WAGE HOUR LAWSUIT	U.S. DISTRICT COURT - SDNY	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	N.Y. COMMUNITY FINANCIAL, LLC v. ARTISANAL FROMAGERIE & BISTRO, LLC INDEX NO.: 006827/2016	DISHONORED CHECKS	CIVIL COURT CITY OF NEW YORK, NY CNTY	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	DINOVA, LLC V. ARTISANAL FROMAGERIE & BISTRO, LLC INDEX NO.: 007688/2016	ACTION TO RECOVER GOODS SOLD	CIVIL COURT CITY OF NEW YORK, NY CNTY	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	J.B. PRICE COMPANY, INC. V. ARTISANAL FROMAGERIE & BISTRO, LLC INDEX NO.: 008141/2016	ACTION TO RECOVER GOODS SOLD	CIVIL COURT CITY OF NEW YORK, KINGS CNTY	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

### Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
<b>FROZEN WINE, REFRIGERATION MALFUNCTION</b>		<b>1/12/2016</b>	<b>\$28,757.62</b>

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. <b>ROBINSON BROG ET AL. 875 LEXINGTON AVENUE 9TH FLOOR New York, NY 10022</b>	<b>PREPETITION RETAINER</b>	<b>8/12/2016</b>	<b>\$15,000.00</b>
Email or website address			
Who made the payment, if not debtor? <b>THIRD PARTY</b>			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

**Who received transfer?  
Address****Description of property transferred or  
payments received or debts paid in exchange****Date transfer  
was made****Total amount or  
value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply**Address****Dates of occupancy  
From-To****Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.  
☐ Yes. Fill in the information below.

**Facility name and address****Nature of the business operation, including type of services  
the debtor provides****If debtor provides meals  
and housing, number of  
patients in debtor's care****Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.  
☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.  
☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None**Financial Institution name and  
Address****Last 4 digits of  
account number****Type of account or  
instrument****Date account was  
closed, sold,  
moved, or  
transferred****Last balance  
before closing or  
transfer****19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None**Depository institution name and address****Names of anyone with  
access to it  
Address****Description of the contents****Do you still  
have it?**

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☐ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service****From-To**

26a.1. **A&A ACCOUNTING  
ATTN: ANGELICA KOYONOV  
8246 189TH ST  
Hollis, NY 11423**

26a.2. **SECKENDORF, HASSON AND REILLY CPA'S, LLC  
ATTN: DAVID HASSON  
3000 MARCUS AVE  
STE 3W4  
New Hyde Park, NY 11042**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None**Name and address****If any books of account and records are  
unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the  
inventory****Date of inventory****The dollar amount and basis (cost, market,  
or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.****Name****Address****Position and nature of any  
interest****% of interest, if  
any****SARID DRORY****240 PARK AVE SOUTH  
New York, NY 10003****MANAGING MEMBER****100****29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

- ☒ No  
☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	<b>SARID DRORY</b> <b>240 PARK AVE SOUTH</b> <b>New York, NY 10003</b>	<b>\$170,000.00</b>		<b>SALARY</b>
	Relationship to debtor <b>MANAGING MEMBER</b>			

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 26, 2016****/s/ SARID DRORY**

Signature of individual signing on behalf of the debtor

**SARID DRORY**

Printed name

Position or relationship to debtor **MANAGING MEMBER****Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

- ☒ No  
☐ Yes

**United States Bankruptcy Court**  
**Southern District of New York**

In re **ARTISANAL FROMAGERIE & BISTRO LLC**

Debtor(s)

Case No. **16-12337**Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u><b>15,000.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>15,000.00</b></u>
Balance Due .....	\$	<u><b>0.00</b></u>

2. The source of the compensation paid to me was:

☐ Debtor      ☒ Other (specify): **THIRD PARTY**

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**August 26, 2016**

*Date*

**/s/ A. MITCHELL GREENE**

**A. MITCHELL GREENE**

*Signature of Attorney*

**ROBINSON BROG LEINWAND GREENE GENOVESE & GLUCK P.C.**

**875 THIRD AVENUE**

**New York, NY 10022**

**(212) 603-6300**

*Name of law firm*

**United States Bankruptcy Court  
Southern District of New York**

In re **ARTISANAL FROMAGERIE & BISTRO LLC**

Debtor(s)

Case No. **16-12337**

Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>SARID DRORY 240 PARK AVENUE SOUTH New York, NY 10003</b>	<b>MANAGING MEMBER</b>		<b>100%</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **MANAGING MEMBER** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **August 26, 2016**

Signature **/s/ SARID DRORY**  
**SARID DRORY**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*



**United States Bankruptcy Court  
Southern District of New York**

In re **ARTISANAL FROMAGERIE & BISTRO LLC**

Debtor(s)

Case No. **16-12337**

Chapter **11**

**VERIFICATION OF CREDITOR MATRIX**

I, the MANAGING MEMBER of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **August 26, 2016**

**/s/ SARID DRORY**

**SARID DRORY/MANAGING MEMBER**

Signer/Title

A&L CESSPOOL SERVICE CORP.  
38-40 REVIEW AVENUE  
LONG ISLAND CITY, NY 11101

ALEJANDRO RUIZ  
C/O FITAPELLI & SCHAFFER LLP  
28 LIBERTY STREET, 30TH FLOOR  
NEW YORK, NY 10005

ALFONSO VICARIO ESPINOZA  
C/O FITAPELLI & SCHAFFER LLP  
28 LIBERTY STREET, 30TH FLOOR  
NEW YORK, NY 10005

ANGEL ACOSTA  
C/O FITAPELLI & SCHAFFER LLP  
28 LIBERTY STREET, 30TH FLOOR  
NEW YORK, NY 10005

ANGEL GUAMAN  
C/O FITAPELLI & SCHAFFER LLP  
28 LIBERTY STREET, 30TH FLOOR  
NEW YORK, NY 10005

ARROGANT BLOOM  
1887 AMSTERDAM AVE., STE.# 5-A  
ATTN: GEORGE BAKALIS  
NEW YORK, NY 10032

AVAYA  
10201 CENTURION PKWY, N  
STE 100, ATTN: BANKRUPTCY MGMT  
JACKSONVILLE, FL 32256

BELKIN BURDEN WENIG &  
GOLDMAN, LLP  
270 MADISON AVENUE  
NEW YORK, NY 10016

CON EDISON GAS  
JAF STATION  
P.O. BOX 1702  
NEW YORK, NY 10116-1702

CON EDISON STEAM  
JAF STATION  
P.O. BOX 1701  
NEW YORK, NY 10116-1701

CORP. COUNSEL FOR NYC  
100 CHURCH STREET  
NEW YORK, NY 10007

DEBRAGGA & SPITLER INC.  
65-77 AMITY STREET  
JERSEY CITY, NJ 07304

DELL COMPUTER  
PAYMENT PROCESSING CENTER  
P.O. BOX 5292  
CAROL STREAM, IL 60197-5292

DINOVA, LLC  
6455 EAST JOHNS CROSSING  
STE. 220  
DULUTH, GA 30097

FAUSTO GUAMAN  
C/O FITAPELLI & SCHAFFER LLP  
28 LIBERTY STREET, 30TH FLOOR  
NEW YORK, NY 10005

FOSTER & WOLKIND PC  
80 FIFTH AVENUE  
SUITE 1401  
NEW YORK, NY 10011

GLENN SALAZAR VARGAS  
C/O FITAPELLI & SCHAFFER LLP  
28 LIBERTY STREET, 30TH FLOOR  
NEW YORK, NY 10005

HERRICK FEINSTEIN LLP  
2 PARK AVENUE  
NEW YORK, NY 10016

HRI CONSULTING GROUP  
378 WILLIS AVENUE  
MINEOLA, NY 11501

I.M.P. PLUMBING & HEATING CORP  
412 EIGHTH AVENUE  
7TH FLOOR  
NEW YORK, NY 10001

INTERNAL REVENUE SERVICE  
PO BOX 7346  
PHILADELPHIA, PA 19114

J.B. PRICE COMPANY, INC.  
36 E 31ST STREET  
NEW YORK, NY 10016

JING XIA HUANG  
C/O FITAPELLI & SCHAFFER LLP  
28 LIBERTY STREET, 30TH FLOOR  
NEW YORK, NY 10005

JOHN S. MARKET  
25-20 50TH AVENUE  
1ST FL.  
LONG ISLAND CITY, NY 11101

KELVIN EDDY LOPEZ  
C/O FITAPELLI & SCHAFFER LLP  
28 LIBERTY STREET, 30TH FLOOR  
NEW YORK, NY 10005

KIRSCHENBAUM & KIRSCHENBAUM  
200 GARDEN CITY  
SUITE 500  
GARDEN CITY, NY 11530

KNOT  
11106 MOCKINGBIRD DRIVE  
OMAHA, NE 68137

LAZARO AMEL  
C/O FITAPELLI & SCHAFFER LLP  
28 LIBERTY STREET, 30TH FLOOR  
NEW YORK, NY 10005

MEAT & FISH  
PO BOX 36383  
CHARLOTTE, NC 28236-6383

METROPOLITAN ELEVATOR  
66 RAMAPO VALLEY ROAD  
MAHWAH, NJ 07430

MEYERS, SAXON & COLE  
3620 QUENTIN ROAD  
BROOKLYN, NY 11234

MICROS RETAIL SYSTEMS, INC.  
1200 HARBOR BLVD. 10TH FL  
WEEHAWKEN, NJ 07086

MONEYWORKS  
120 WEST 45TH STREET  
SUITE 1000B  
NEW YORK, NY 10036

MORENA ORUE  
C/O FITAPELLI & SCHAFFER LLP  
28 LIBERTY STREET, 30TH FLOOR  
NEW YORK, NY 10005

N.Y. COMMUNITY FINANCIAL, LLC  
C/O VOLAKOS LAW FIRM  
120 BAY RIDGE AVENUE  
BROOKLYN, NY 11220

NEW YORK STATE DEPT. OF FIN.  
ATTN: BANKRUPTCY SPECIAL PROC  
PO BOX 5300  
ALBANY, NY 12205

NYC DEPT. OF FINANCE  
345 ADAMS STREET, 3RD FL.  
ATTN: LEGAL AFFAIRS  
BROOKLYN, NY 11201

OFFICE OF THE ATTORNEY GENERAL  
THE CAPITOL  
ALBANY, NY 12224

OGLETREE DEAKINS  
1745 BROADWAY  
22ND FL.  
NEW YORK, NY 10019

PAY O MATIC  
LOSS PREVENTION DEPT.  
166-30 JAMAICA AVE., 2ND FL.  
JAMAICA, NY 11432

PEACE OF MIND PEST CONTROL  
142 BAY 44TH STREET  
BROOKLYN, NY 11214

PEPSI COLA BOTTLING  
LOCKBOX #741076  
ATLANTA, GA 30374-1076

PLAZTER, SWERGOLD, LEVINE,  
GOLDBERG, KATZ & JASLOW, LLP  
475 PARK AVENUE SOUTH  
NEW YORK, NY 10016

PLS  
800 JORIE BOULEVARD  
OAK BROOK, IL 60523

PPF OFF TWO PARK AVENUE OWNER  
2 PARK AVENUE  
NEW YORK, NY 10016

SATUR FARM  
3705 ALVAH'S LANE  
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NEW YORK, NY 10011

WILD EDIBLES, INC.  
40 BARRY STREET  
BRONX, NY 10474



**United States Bankruptcy Court  
Southern District of New York**

In re **ARTISANAL FROMAGERIE & BISTRO LLC**

Debtor(s)

Case No. **16-12337**

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **ARTISANAL FROMAGERIE & BISTRO LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**August 26, 2016**

Date

**/s/ A. MITCHELL GREENE**

**A. MITCHELL GREENE**

Signature of Attorney or Litigant

Counsel for **ARTISANAL FROMAGERIE & BISTRO LLC**

**ROBINSON BROG LEINWAND GREENE GENOVESE & GLUCK P.C.**

**875 THIRD AVENUE**

**New York, NY 10022**

**(212) 603-6300**

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X

In re:

Chapter 11

**ARTISANAL FROMAGERIE &  
BISTRO LLC,**

Case No. 16-12337-jlg

Debtor.

-----X

**AFFIDAVIT PURSUANT TO LOCAL RULE 1007-2**

STATE OF NEW YORK     )  
                                  ) ss:  
COUNTY OF NEW YORK    )

Sarid Drory, being duly sworn, deposes and says:

1. I am the managing member of Artisanal Fromagerie & Bistro LLC (the "Debtor"), and am fully familiar with the facts set forth herein.
2. The Debtor owns and operates a restaurant located at 2 Park Avenue, New York, New York.
3. No pre-petition committee was organized prior to the order for relief.
4. The Secured Creditors of the Debtor are as listed on Schedule D, which is filed contemporaneously with this affidavit.
5. A summary of the Debtor's assets and liabilities is set forth on the summary of schedules which is filed contemporaneously with this affidavit..
6. The names and addresses of the twenty largest unsecured creditors, excluding insiders, is filed contemporaneously with this affidavit..
7. All suits or proceedings in which the Debtor is named as a party are listed in the Debtor's Statement of Financial Affairs.

8. No property of the Debtor is in the possession and control of a receiver for the benefit of mortgagees and creditors.

9. The Debtor filed for chapter 11 relief in order to stay a potential eviction. By staying the eviction, the Debtor will now have the time to reach a resolution with its current landlord to allow for the orderly liquidation of the Debtor's assets for the benefit of its creditors.

10. The purpose of filing this petition is to preserve the assets of the Debtor for the benefit of the creditors and to preserve priorities of creditors.

11. The estimated operating expense of the Debtor for the next thirty days is:

**INCOME**

<b>Total Estimated Income:</b>	<b>\$1,000,000.001</b>
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**EXPENSES**

Rent	\$50,000.00
Coned Steam	\$6,000.00
Con Ed Gas	\$2,400.00
Con Ed Electricity	\$1,500.00
Avaya	\$383.00
POS System	\$1,000.00
Verizon (Telephone)	\$380.00
TimeWarner (Internet)	\$270.00
TimeWarner (Telephone)	\$300.00
Exterminator	\$700.00
Garbage	\$1,900.00
Open Table	\$3,500.00
Workman's Comp	\$4,500.00
Liability insurance	\$4,500.00
Dishwashing	\$1,500.00
Food Purchase	\$100,000.00
Liquor Purchase	\$25,000.00
Payroll	\$120,000.00
Sales Tax	\$40,000.00
Withholding Tax	\$40,000.00
Maintenance	\$10,000.00
Credit Card Fee	\$8,000.00

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1 The Debtor's business is seasonal and the fall season represents some of its highest grossing months.

Promotions \$3,000.00

Total Estimated Expenses: \$424,833.00

NET INCOME: \$575,167.00

  
Sarid Drory  
Managing Member

Sworn to before me this  
26<sup>th</sup> day of August, 2016

  
Notary Public, State of New York

No. 0196252707

Qualified in NY County

Commission Expires 12/12/19

